HealthInsight's Health Information
Technology Regional Extension
Center (REC) Assistance
Development & Support for
achieving Meaningful Use

Keith Parker kparker@healthinsight.org

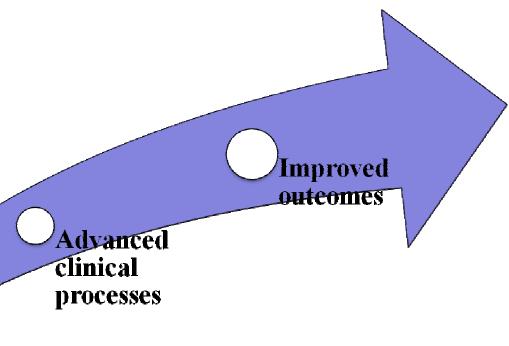
### Meaningful Use & Nevada

- Multiple resources available to Nevada providers
- REC will provide direct support 1500 +/- as well as CAH, Rural hospitals
- 863 page Final Rule released by CMS July 13<sup>th</sup>, 2010
- Outlines criteria needed for meeting meaningful use and earning incentives

### Collaborative Approach

- Gain support from major stakeholders
  - State & federal organizations
    - Synchronized efforts
  - Medical societies, Professional groups
    - Education & Outreach
  - Health care organizations
    - Right support, right organization
  - Payers
    - Incentives MU, improved quality
  - Educational institutions
    - UNSOM, CSN

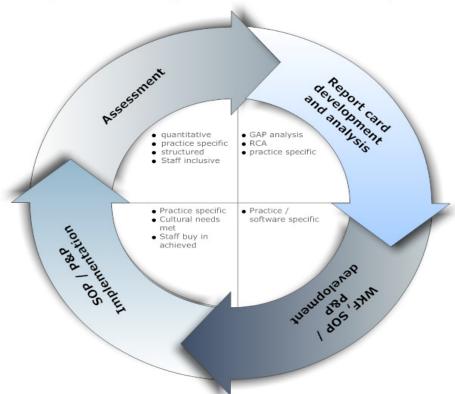
## Conceptual Approach to Meaningful Use



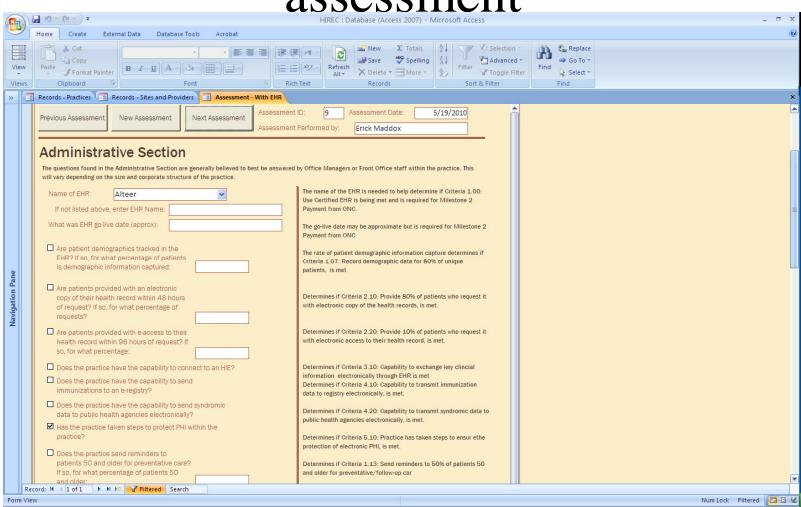
Data capture and sharing

# Ensuring MU is not only met but sustained through Provider level support

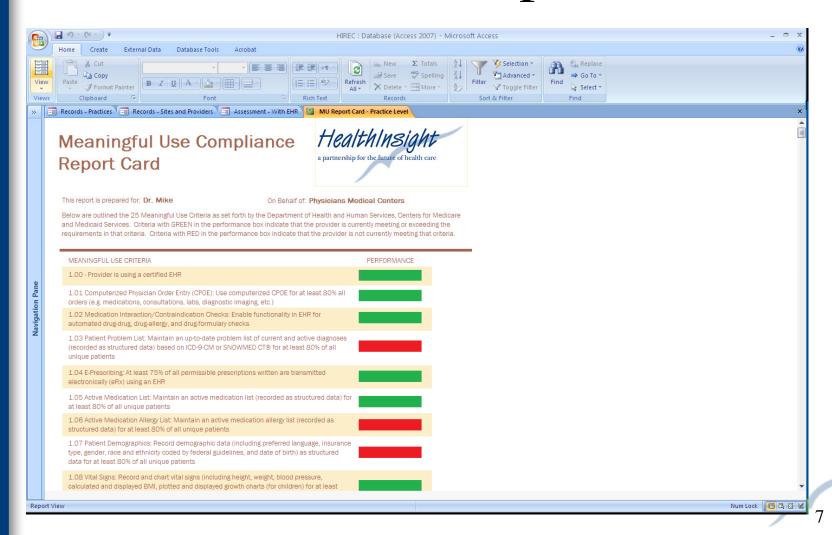
Out-Patient
System Improvement Lifecycle



## Comprehensive Pre, post and MU assessment



### Assessment to report card



## Assessments to WKF development

#### People

(Patients and all staff, as well as vendor, payer, and regulatory roles where appropriate.)

Information

(Input,

assessment,

transformation,

decisions, and

output.)

### HealthInsight a partnership for the future of health care

Workflow elements for analysis and re-design

#### **Processes**

(The sum of all sequential and parallel tasks comprising the operation.)

#### Tools

(e.g., files, forms, supplies, phones, computers, fax, manuals, medical devices, etc.)

#### Clinical workflow

(Ideally, consistently efficient coordination of people, processes, tools, and information, aimed at achieving the highest quality results in the shortest time at the lowest cost.)

#### Results

(Patient care dx and effective treatment plans, prompt claims reimbursement, profitable operation.)

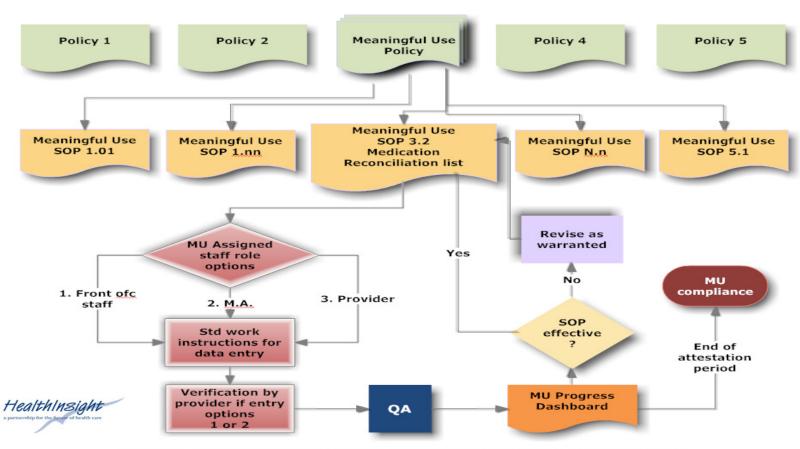
What are some typical processes (recognizing that many things overlap)?

- Phone calls (inbound and outbound)
- Rx refills
- Patient scheduling
- □ Patient visit, check-in
- □ Insurance verification
- □ Patient visit, exam (e.g., CC, PMH, HPI, ROS, SOAP, etc)
- Orders (e.g., px, Rx, labs/imaging, referrals)
- □ Patient visit, check-out
- □ Coding/billing/claims submission
- General business administration

How would we go about improving them? What exactly is "workflow analysis"?

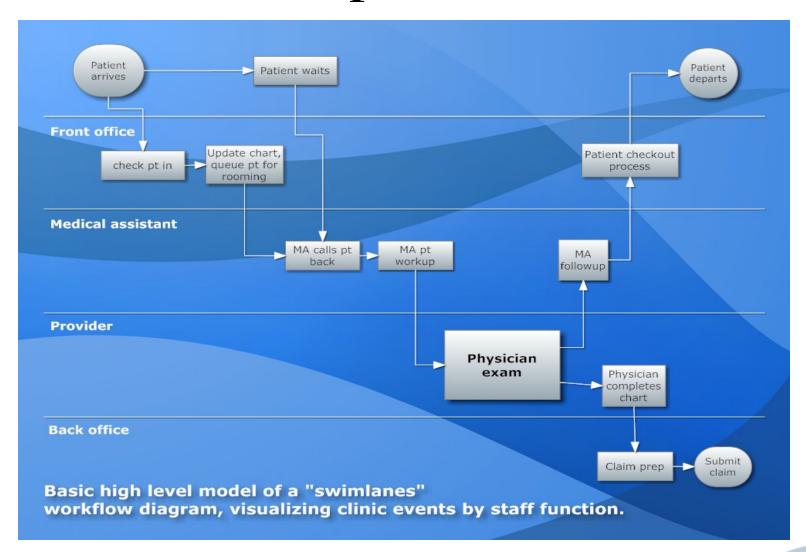
## Policy development to support MU

#### From Policies to Meaningfully Focused Workflows



This material was prepared by HealthInsight as part of our work as the Regional Extension Center for Nevada and Utah, under grant #90RC0033/01 from the Office of the National Coordinator, Department of Health and Human Services

## Example WKF



## Summary

- Current recruitment 252
- HealthInsight among top 14 REC's nationally in recruitment & working through MU support
- Reaching Meaningful use and the Incentive payment requires action on the part of the practice the sooner the better!
- *HealthInsight*, as the REC, is a neutral, trusted source that can help you take advantage of the incentives to reach the goal of meaningful use

## HealthInsight – Nevada & Utah's Regional Extension Center

www.healthinsight.org

